



CONNECTICUT ACADEMY OF
FAMILY PHYSICIANS
CARING FOR CONNECTICUT'S FAMILIES

Statement in Opposition to

**Governor's Senate Bill 36 – An Act Concerning the governor's Recommendations
To Improve Access to Healthcare**

Public Health Committee

February 28, 2014

Good afternoon Senator Gerrantana, Representative Johnson, and members of the Public Health Committee. My name is Stacy Taylor and I am a Past President of the Connecticut Academy of Family Physicians. I have been a primary care physician in Connecticut for over 16 years. I am here today on behalf of the members of the Connecticut Academy of Family Physicians and, more importantly, on behalf my patients, in opposition to Governor's Senate Bill 36. I have taken time off from my busy practice because of my concern about the serious threat to public health posed by this bill. In order to better illustrate my concerns, let me tell you a little story:

Put yourself in the shoes of one of my patients. You are 21 and usually very healthy. Unfortunately, you start to become a bit tired and just don't feel well. You have had a slight cough for about 4 months. You go to your health care provider who is attentive, caring and knowledgeable. She reassures you that your illness is a virus and should resolve. You trust her, not only because of who she is, but because you assume she has the training, experience and competence to hold your life in her hands.

Your symptoms, however, continue. At a follow-up appointment, it is noted that your tonsils are enlarged. Throat cultures are done which are negative. Again, you are reassured that this is most likely viral. You continue to feel ill. Your fatigue has increased, and you have lost a little weight. You return to the office and, because your usual provider is not available, you see a physician who, upon hearing your story, becomes very concerned. After additional testing and evaluation, you are told that you have leukemia.

What went wrong?

Your initial provider was an APRN, who, though working well in collaboration with the physician, did not recognize the seriousness of your complaints.

- Her clinical training, which could have been negligible, but in this case was considered excellent for her credentials, was still four times less than the physician who you eventually saw.
- Her limited training, lacking experience with more severe illness, made her unprepared to handle both the breadth and the depth required in primary care. In other words, she did not know what she did not know.

- In this case, collaboration between the physician and APRN was in place, and the APRN was an essential part of the healthcare team, however, the APRN did not feel she needed the physician's guidance. Collaboration does not necessarily ensure good health care as it is an informal arrangement at best. Her collaborating physician, not having had experience with her training, was unable to understand or fill her gaps of knowledge.
- Had you had complete understanding of her credentials, you may have gone to the physician when first seeking a primary care provider, however you thought your APRN was a doctor.

This story is true and is illustrative of why Bill 36 should not be passed. For those voting in favor of this bill would you want your care provided by an APRN under these circumstances? But, if after hearing our testimony and pleas not to further fragment health care, you decide to pass this legislation, it must include the following:

- First, there must be truth in advertising and patients must know that they are being treated by an APRN and not a physician
- APRNs must also keep medical malpractice limits on par with that of a physician and pay a comparable licensure fee.
- If this Bill were to pass, the APRN's would be practicing medicine and not nursing; thus they should go before the board of medicine and not the board of nursing.
- If APRNs were to practice without the collaboration of a physician, APRNs must be required to complete increased continuing medical education requirements equivalent to physicians.

These are just a few components that need to be added to this bill. Please note that these requirements are not an exchange for support. The Connecticut Academy of Family Physicians feels strongly that this Bill is not good health policy. We are concerned about patient safety and do not support this bill. Additional information can be found in the submitted testimony. Thank-you for your attention.

I am happy to answer any questions.

We have come before you for many years to oppose independent practice for APRNs and this year is no different as we find it to be a fundamentally bad idea and poor patient care. It is the wrong approach and we do not support it. What we will do is fight for patient safety. In past years we have emphasized the differences in physician and APRN education and training and that has not changed. Physicians' education is standardized such that the didactics, training and experience are consistent throughout the country. The education of APRNs, on the other hand, may or may not include a bachelor's degree, a master's degree, or a doctorate, and the clinical training can be almost non-existent or even completed online. Physicians have four times the amount of clinical training as APRNs so we bring a broader and deeper expertise to the diagnosis and treatment of all health problems our patients face. It is ironic that many graduating medical students go into sub-specialty training because they are overwhelmed by the wide scope of primary care medicine and are concerned that they will not be able to be competent after four years of medical school and three years of residency training. It is difficult to fit in all the required core curriculum conferences within the three years of residency training never mind the much shorter programs designed to educate APRNs. This bill states that an APRN must have three years of collaboration with a practicing physician before becoming independent. Who will determine if the APRN is competent after that time? Is this the proper way to protect the public? Is three year's collaboration equivalent to a residency? Achieving independent practice through legislation rather than education is not the answer. One profession's education and training prepares for independent practice

while the other does not. It begs the question, why would anyone want to be a physician when becoming an APRN is quicker and easier yet affords all the same privileges. We already have a shortage of primary care physicians in this state, this bill will only make that worse.

A recent study conducted by a global market research company indicated that 72% of U.S. adults prefer physicians to non-physicians when it comes to healthcare. 90% of adults would choose a physician to lead their ideal medical team, and by greater than a two-to-one margin, adults see physicians as more knowledgeable, experienced, trusted and up-to-date on medical advances than non-physicians. I ask you, who do you choose to lead the healthcare for you and your family? Will you choose to ensure the safety of your family to an independently practicing APRN?

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